

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED 9/5/06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
Total Indep	2					
Total Depend.	8					
Total Claims	10					

* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
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97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						